DC Fire & EMS Patient Care Policies:
DC General Urgent Care Center
Transport Pilot Program

Note Well: *The Department of Health and the Fire and EMS Department will be conducting a Ninety (90) day pilot program to determine the efficacy of transporting select priority three patients to the Urgent Care Center at the campus of DC General. The following policy is to be utilized between 2 February 2004 and 2 May 2004 when transporting patients to the DC General Urgent Care facility by all DC Fire and EMS personnel.*

Note Well: *Only Priority Three Patients who are stable on initial presentation and who remain stable while in the pre-hospital setting will be candidates for transport to the Urgent Care Center. Furthermore, patients are to be transported to the Urgent Care Center only if it is the closest,* ***open*** *facility for that particular run. Particular attention should be given to those patients in the Urgent Care Center's catchment area (Battalions 2 and 3).*

Note Well: *Patients are to be transported to the Urgent Care Center only between the hours of 1200 until 1900 Monday through Friday. Furthermore, patients are not to be transported to the Urgent Care Center on official government holidays.*

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I. Introduction

1. Patients that can be safely and efficiently treated at the Urgent Care Center are those who present with and maintain stable vital signs in the pre-hospital setting, and whose chief medical complaint is one that does not represent an immediate life threat. These patients will be classified as “non emergent,” but will be assessed, treated and transported according to the standards outlined by the Adult State Medical Protocols.

2. These patients, however, need to be promptly seen and assessed by a physician.

3. Patients classified as “non emergent” who are transported to the DC General Urgent Care Center should be advised that they will be seen by a physician and receive care that is comparable with that provided in any other emergency department in the District of Columbia.

II. Purpose

1. For all providers to triage all pre-hospital incidents before transporting and identify the “non-emergent” medical incidents that need to be transported . By transporting appropriate medical conditions to the Urgent Care Center, the department hopes to increase the number of available units, optimize the utilization of the Urgent Care Center, and decrease the closure/ diversion hours requested by area hospitals by reducing their ambulance volume.

III. Policy

Note Well: *Patients are to be assessed using the same pre-hospital standards and protocols outlined in the Adult State Protocols (refer to sec. A.1)*

1. Patients can only be determined to be "non-emergent" if they present with stable vitals, are determined to be priority three after initial assessment, and remain stable in the entire pre-hospital setting.

2. Patients who are classified as "non-emergent" must have chief complaints limited to those listed in Section III, Item 4, to be considered suitable for transport to the Urgent Care Center at the DC General Campus (see below).

Note Well: *The following patients **will not** be candidates for transport to the Urgent Care Center at the DC General Campus.*

1. *Children Ages Five (5) or younger.*
2. *Adults over age 70.*
3. *Residents of nursing homes, or extended care facilities.*
4. *Patients who are intoxicated.*
5. *Patient's with psychiatric chief complaints.*
6. *Patients who have had a seizure within the past 12 hours.*

3. Patients are to be transported to the Urgent Care Center only between the hours of 1200 until 1900 Monday through Friday. Furthermore, patients are not to be transported to the Urgent Care Center on official government holidays.

III. Policy (continued)

4. **"Non- Emergent" Medical Chief Complaints Appropriate for Transport to the Urgent Care Center.**

   A. **ENT**.
      i. Earache.
      ii. Throat/sinus complaint.
      iii. Upper Respiratory Infection (URI) without respiratory distress or wheezing.

   B. **Dental**.
      i. Toothache.

   C. **Dermatology**
      i. Abrasions.
      ii. Acute/chronic dermatological problems without systemic symptoms.
      iii. Superficial animal bites.
      iv. Mild insect bite without respiratory distress.
      v. Sunburn.
      vi. Simple wound check.
      vii. Suture removal.

   D. **Minor Trauma**.
      i. Contusions.
      ii. Puncture wounds **not** involving the neck, torso and/or abdomen.
      iii. Soft tissue injury.
      iv. Minor head injury without neurological deficits.
      v. Minor lacerations.

   E. **Ophthalmology**
      i. Conjunctivitis.
      ii. Corneal abrasions.
      iii. Simple foreign body in eye.

III. Policy (continued)

4. **"Non- Emergent" Medical Chief Complaints Appropriate for Transport to the Urgent Care Center.**

F. **Orthopedics**
- i. Chronic back or muscular complaint.
- ii. Dislocation of fingers or toes only.
- iii. Minor orthopedic injuries not due to motor vehicle crash within 24 hours. Injuries should be without obvious deformity or signs of neurovascular compromise.

> ***Note Well:*** Injury sites are to be limited to those listed below.
>
> a. Finger or toes
> b. Wrist
> c. Elbow
> e. Hand
> f. Ankle
> g. Foot
> h. Shoulder

G. **Miscellaneous**
- i. Simple incision and drainage.
- ii. Urinary tract symptoms without pregnancy, CVA tenderness, or fever>102.2.
- iii. Out patient procedures not required nursing assistance (ie. PPD reading).

5. Once it is determined that the patient is an appropriate candidate for the Urgent Care Center, EMS personnel should request hospital status prior to leaving the scene.

III. Policy (continued)

6. The EMT or Paramedic in charge must thoroughly document on the 151 run sheet the reason for classifying the patient as non-urgent and advise communications that this a "non-urgent" transport.

> ***Note Well:*** *It is mandatory that all providers notify the Urgent Care Center via radio (H6) of the incoming patient prior to transporting the patient.*

7. Should the patient become unstable while en route or the condition changes such that the patient is no longer suitable to be managed at the Urgent Care Center, the providers shall notify Communications and proceed to the closest open Emergency Department.

   A. In the event that the patient's condition deteriorates while on the grounds of the DC General campus, the providers shall notify the Urgent Care Center via radio (H6). They should deliver the patient to the urgent care center, and assist the stand-by EMS unit to stabilize and rapidly transport the patient to the closest, open facility.

IV. Communications

1. So as not to overwhelm the resources of the Urgent Care Center, it is imperative that all providers notify the Communications Division via radio of their decision to transport to the Urgent Care Center.

2. All providers intending to transport a patient to the Urgent Care Center must contact the Urgent Care Center via radio (H6) prior to transporting, to ensure that the center is capable of handling the patient.

> ***Note Well:*** Providers must receive approval from the Urgent Care Center ***PRIOR*** to transporting the patient.

IV. Communications (continued)

3. The Communications Division shall be responsible to limit the number of ambulances at the Urgent Care Center to no more than three units at any one time.

   A. Should a situation arise where more than three units are en route and/or at the Urgent Care Center, the Communications Division shall be responsible to direct any inbound units to another receiving facility.

4. The stand-by EMS unit shall be responsible for monitoring the number of units at the Urgent Care Center when not engaged in patient care/transport duties.

   A. If the total number of units at the Urgent Care Center exceeds three or a single unit is at the Urgent Care Center for ***greater than one hour***, the ACIC of the stand-by EMS unit is responsible for contacting the Urgent Care Center's Attending on Duty to determine the Center's status.

   B. If the Center is saturated, the ACIC of the stand-by EMS unit is required to notify the EMS Sector Supervisor or Chief Supervisor.

   C. The EMS Supervisor will then contact the Communications Division Watch Commander.